

# Consent for 30-Day Interim Placement

Student Name _____		DOB _____	Age _____	Sex _____
UIF % _____	SELPA ID _____	Grade _____		
Name of Parent/Guardian _____		Phone: Home _____	Work _____	
Address _____		City _____	Zip _____	
School of Attendance _____				
Home Language _____		Student Language _____		
<input type="checkbox"/> Migrant Ed	Race: _____	<b>RESIDENCY</b>		
<input type="checkbox"/> Interpreter Required	_____	_____		
<input type="checkbox"/> EO <input type="checkbox"/> EL	_____	_____		

Today's Date \_\_\_\_\_  
 30 Day Review \_\_\_\_\_  
 Last Triennial \_\_\_\_\_  
 Last IEP \_\_\_\_\_  
 Next IEP \_\_\_\_\_

**AGENCY INVOLVEMENT**

CA Child Services (CCS)  
 Dept. of Mental Health  
 Dept. of Human Services  
 Dept. of Rehabilitation  
 Kern Regional Center

Surrogate Needed:  Yes  No

**PRIMARY DISABILITY CATEGORY**

\_\_\_\_\_  
 \_\_\_\_\_

**PRIMARY PLACEMENT AGENCY SERVICES**

General Education  
 Related Services  
 Resource Specialist  
 Special Day Class  
 Non Public School  
 Other: \_\_\_\_\_

KRC  DMH  CCS  Other \_\_\_\_\_  
 (attach treatment plan)

**SPECIAL EDUCATION TRANSPORTATION**

No  Yes \_\_\_\_\_

**PRIMARY SERVICE LOCATION**

\_\_\_\_\_

**PARENTAL CONSENT** (Please initial areas that are acceptable)

\_\_\_\_\_ I received a notice of my Parental Rights and Procedural Safeguards for Special Education and have had them explained.  
 \_\_\_\_\_ I agree with the 30-day service recommendations.

\_\_\_\_\_ I agree with the 30 calendar day placement. An IEP meeting will be held within 30 days. Date \_\_\_\_\_

Signature of Parent/Surrogate/Guardian Date \_\_\_\_\_

**INTERIM SPECIAL EDUCATION SERVICES**

Service	Start Date	End Date	Frequency	Duration	Location

\*Excluding non-student days per school calendar.  
 Time in General Education \_\_\_\_\_ %  
 Time in Special Education \_\_\_\_\_ %

In addition to the parents, the following were participants in the 30-day Placement decision.

\_\_\_\_\_  
 School District Representative Date

\_\_\_\_\_  
 Additional Participant/Title Date

\_\_\_\_\_  
 Additional Participant/Title Date

\_\_\_\_\_  
 Additional Participant/Title Date

**HEALTH**

Significant health/medical problems (including medication if any):

**VERIFICATION OF PREVIOUS PLACEMENT**

Made with: \_\_\_\_\_  
 District School

Address \_\_\_\_\_ City State Zip

Phone: \_\_\_\_\_

Date of verification: \_\_\_\_\_ A current IEP is attached:  Yes  No

(If No, complete "Goals and Objectives" IEP page and obtain copy of last IEP from prior district.)

Additional information:

**Office Use Only**

Date School site / notified \_\_\_\_\_  
 Date records to teacher / speech path: \_\_\_\_\_  
 Date written in Class: \_\_\_\_\_  
 Date Data Form Complete: \_\_\_\_\_  
 Date parent notified of placement: \_\_\_\_\_

Distribution:  Student File  Implementor's Copy  Parent